

RESOLUTION OF THE BOSTON REDEVELOPMENT AUTHORITY
RE: TENTATIVE DESIGNATION OF REDEVELOPER
DISPOSITION PARCELS SE-54 and RC-13
IN THE SOUTH END URBAN RENEWAL AREA
PROJECT NO. MASS. R-56

WHEREAS, the Boston Redevelopment Authority, (hereinafter referred to as the "Authority"), has entered into a contract for loan and capital grant with the Federal Government under Title I of the Housing Act of 1949, as amended, which contract provides for financial assistance in the hereinafter identified Project; and

WHEREAS, the Urban Renewal Plan for the South End Urban Renewal Area, Project No. Mass. R-56, (hereinafter referred to as the "Project Area"), has been duly reviewed and approved in full compliance with local, State and Federal law; and

WHEREAS, the Authority is cognizant of the conditions that are imposed in the undertaking and carrying out of urban renewal projects with Federal financial assistance under said Title I, including those prohibiting discrimination because of race, color, sex, religion or national origin; and

WHEREAS, COPE, Incorporated has expressed an interest in and has submitted a satisfactory proposal for the development of Disposition Parcels SE-54 and RC-13 in the South End Urban Renewal Area; and

WHEREAS, the Authority is cognizant of Chapter 30, Sections 61 through 62H of the Massachusetts General Laws, as amended, with respect to minimizing and preventing damage to the environment:

NOW, THEREFORE, BE IT RESOLVED BY THE BOSTON REDEVELOPMENT AUTHORITY:

1. That COPE, Incorporated be and hereby is tentatively designated as Redeveloper of Disposition Parcels SE-54 and RC-13 in the South End Urban Renewal Area subject to:

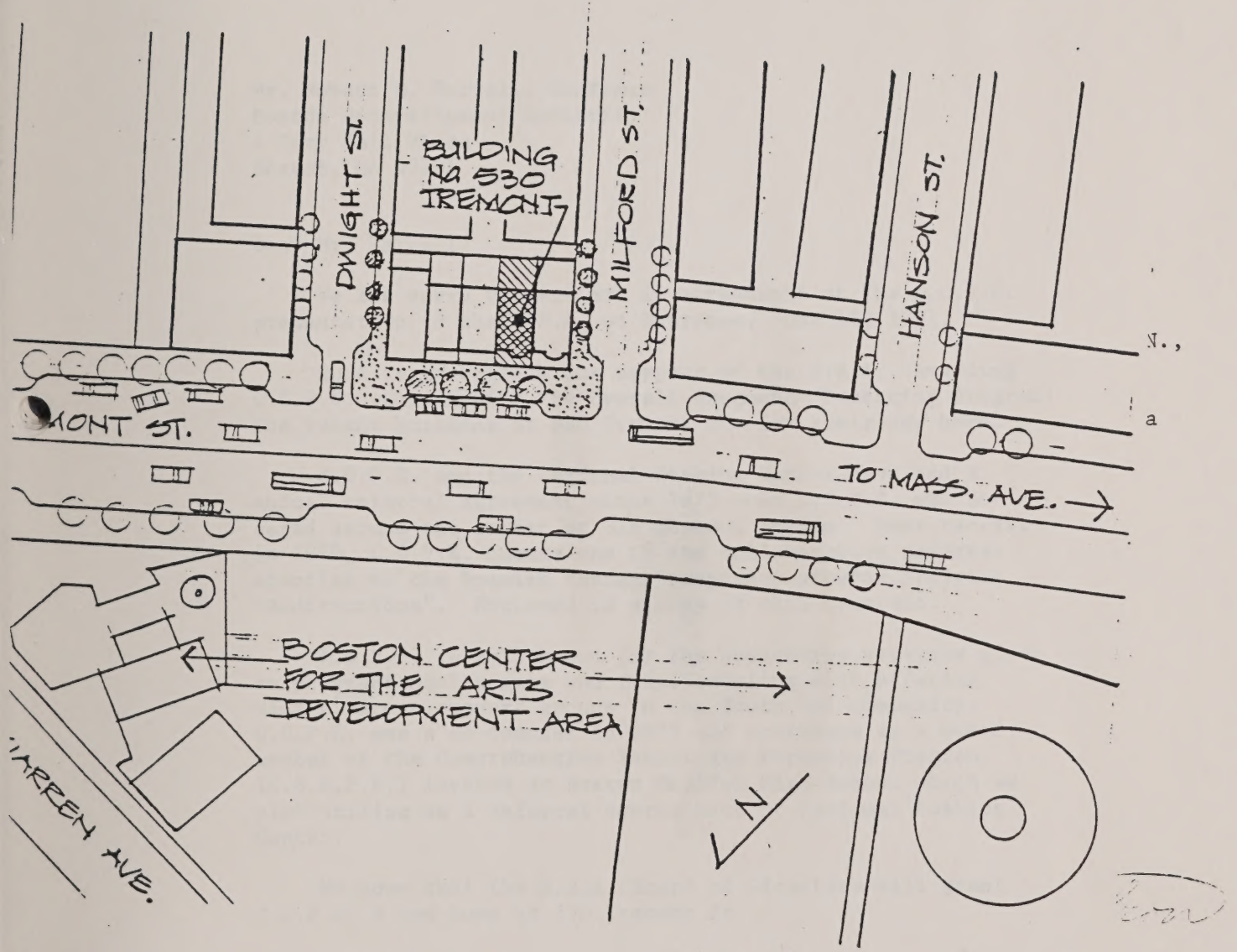
- (a) Concurrence in the proposed disposal transaction by the Department of Housing and Urban Development;
- (b) Publication of all public disclosure and issuance of all approvals required by the Massachusetts General Laws and Title I of the Housing Acts of 1949, as amended;
- (c) Submission within ninety (90) days in a form satisfactory to the Authority of:
 - (i) Evidence of the availability of necessary equity funds, as needed; and
 - (ii) Evidence of firm financial commitments from banks or other lending institutions; and

- (iii) Final Working Drawings and Specifications; and
- (iv) Proposed development and rental schedule.

2. That disposal of Parcels SE-54 and RC-13 by negotiation is the appropriate method of making the land available for redevelopment.

3. That it is hereby found and determined that the proposed development will not result in significant damage to or impairment of the environment and further, that all practicable feasible means and measures have been taken and are being utilized to avoid or minimize damage to the environment.

4. That the Secretary is hereby authorized and directed to publish notice of the proposed disposal transaction in accordance with Section 105(E) of the Housing Act of 1949, as amended, including information with respect to the "Redeveloper's Statement for Public Disclosure" (Federal Form H-6004).



BOSTON SOUTH END
AREA SITE PLAN

EL CENTRO DEL CARDENAL

The Cardinal Cushing Center for the Spanish Speaking

1375 WASHINGTON STREET
BOSTON, MASS. 02118

June 22, 1981

Mr. Robert L. Farrell, Chairman
Boston Redevelopment Authority
1 City Hall Plaza
Boston, MA 02201

Dear Mr. Farrell:

We are sorry we were not in attendance at the C.O.P.E. presentation to the B.R.A. on Thursday, June 11, 1981.

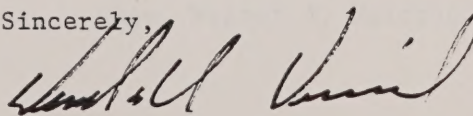
This is to confirm our support of the B.R.A. awarding C.O.P.E. (Coping With The Overall Pregnancy/Parenting Program) the vacant building at 530 Tremont St. for their new home.

C.O.P.E. and the Cardinal Cushing Center have had a mutual referral agreement since 1973 when C.O.P.E. was located around the corner at 316 Shawmut Avenue. Most recently in 1980, C.O.P.E. became one of the collaborative referral agencies to the Spanish teenage pregnancy program project, "Redirections". Enclosed is a copy of this contract.

C.O.P.E. is well-known for the supportive services given to pregnant adolescents and families along with offering single parent support groups in the South End community. C.O.P.E. was a co-founder in 1975 and continues as a board member of the Comprehensive School-age Parenting Program (C.S.A.P.P.) located at Boston English High School which we also utilize as a referral source here at Cardinal Cushing Center.

We hope that the B.R.A. Board of Directors will grant C.O.P.E. a new home at 530 Tremont St.

Sincerely,



(Rev. Wendell Verrill, Exec. Dir.)

Cathedral of the Holy Cross

75 UNION PARK STREET • BOSTON, MASSACHUSETTS 02118

June 22, 1981

Mr. Robert L. Farrell, Chairman
B.R.A. Board of Directors
Boston Redevelopment Authority
Boston, MA 02201

Dear Mr. Farrell:

I wish that I could have been in attendance at the C.O.P.E. presentation to the B.R.A. on Thursday, June 11, 1981.

This is to state my support of Maureen Finnerty Turner, R.N., Founder and Director of C.O.P.E. whom I have known for the past twelve and a half years as an active member of the South End community. I wish to further state my support for C.O.P.E. as a valuable community-based agency for South End families.

Their small sidewalk level office is not sufficient space for their current staff and clients being serviced. The six-story building located at 530 Tremont St. would not only provide C.O.P.E. a new home, but also provide needed housing for moderate income families here in the South End as well.

I would hope that the B.R.A. Board of Directors would see to it in its wisdom to make this building award to C.O.P.E. because of their pro-family counseling services.

Sincerely,



(Rev. Walter J. Waldron)



COPE GROUPS 37 Clarendon St., Boston, MA 02116

(617) 357-5588

June 22, 1981

Mr. Robert L. Farrell, Chairman
Boston Redevelopment Authority
1 City Hall Plaza
Boston, MA 02201

Dear Mr. Farrell:

This is to address some misunderstanding as to the purposes of C.O.P.E. that developed at the presentation to the B.R.A. on June 11, 1981.

C.O.P.E., as the first counseling center in the country to be licensed for its work supporting parents' needs, has family support as its first priority.

We find that the increasingly transient nature of our society is increasing the requests for support services for families. So many of the hundreds of families we are serving do not have their own parents, aunts, uncles, cousins, and other extended family members nearby. So often the community-based support groups organized by C.O.P.E. for pregnant and new parents in the twenty-five communities being served become a surrogate extended family for those involved.

Since isolation is a major cause of depression in new parents, the C.O.P.E. groups are preventing many severely debilitating complications of adjusting to new parenthood.

I hope the Board will review us positively on June 26th upon further review of our wide-spread community support.

Thank you.

Sincerely,

(Maureen Finnerty Turner,
Executive Director

Coping with the Overall Pregnancy/Parenting Experience

BOARD OF DIRECTORS

Maureen Finnerty Turner
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Ms. Randy Wolfson, President
Maggie Mungo, Vice-President
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Sally Newdick
Maikka Notman, M.D.
Johanna Perlmutter, M.D.
Mary Rowe, Ph.D.
Benjamin Siegel, M.D.
Joyce Smith, R.N.
Gerald Stechier, Ph.D.
Clement Yahia, M.D.

REDEVELOPER'S STATEMENT FOR PUBLIC DISCLOSURE¹

A. REDEVELOPER AND LAND

1. a. Name of Redeveloper: C.O.P.E. Coping With the Overall Pregnancy Experience
- b. Address and ZIP Code of Redeveloper: 37 Clarendon Street, Boston, MA 02116.
- c. IRS Number of Redeveloper: 23-7312963
2. The land on which the Redeveloper proposes to enter into a contract for, or understanding with respect to the purchase or lease of land from

530 Tremont Street

(Name of Local Public Agency)

in South End

(Name of Urban Renewal or Redevelopment Project Area)

in the City of Boston, State of Massachusetts,
is described as follows²

Six Story Brick Building

3. If the Redeveloper is not an individual doing business under his own name, the Redeveloper has the status indicated below and is organized or operating under the laws of Massachusetts:

- ☐ A corporation.
- ☒ A nonprofit or charitable institution or corporation.
- ☐ A partnership known as
- ☐ A business association or a joint venture known as
- ☐ A Federal, State, or local government or instrumentality thereof.
- ☐ Other (explain)

4. If the Redeveloper is not an individual or a government agency or instrumentality, give date of organization
April 11, 1973
5. Names, addresses, title of position (if any), and nature and extent of the interest of the officers and principal members, shareholders, and investors of the Redeveloper, other than a government agency or instrumentality, are set forth as follows:

¹ If space on this form is inadequate for any requested information, it should be furnished on an attached page which is referred to under the appropriate numbered item on the form.

² Any convenient means of identifying the land (such as block and lot numbers or street boundaries) is sufficient. A description by metes and bounds or other technical description is acceptable, but not required.

- a. If the Redeveloper is a corporation, the officers, directors or trustees, and each stockholder owning more than 10% of any class of stock¹
- b. If the Redeveloper is a nonprofit or charitable institution or corporation, the members who constitute the board of trustees or board of directors or similar governing body.
- c. If the Redeveloper is a partnership, each partner, whether a general or limited partner, and either the percent of interest or a description of the character and extent of interest.
- d. If the Redeveloper is a business association or a joint venture, each participant and either the percent of interest or a description of the character and extent of interest.
- e. If the Redeveloper is some other entity, the officers, the members of the governing body, and each person having an interest of more than 10%.

NAME, ADDRESS, AND ZIP CODE

POSITION TITLE (if any) AND PERCENT OF INTEREST OR
DESCRIPTION OF CHARACTER AND EXTENT OF INTEREST

see attachment

6. Name, address, and nature and extent of interest of each person or entity (not named in response to Item 5) who has a beneficial interest in any of the shareholders or investors named in response to Item 5 which gives such person or entity more than a computed 10% interest in the Redeveloper (for example, more than 20% of the stock in a corporation which holds 50% of the stock of the Redeveloper; or more than 50% of the stock in a corporation which holds 20% of the stock of the Redeveloper).

NAME, ADDRESS, AND ZIP CODE

DESCRIPTION OF CHARACTER AND EXTENT OF INTEREST

Not Applicable

7. Names (if not given above) of officers and directors or trustees of any corporation or firm listed under Item 5 or Item 6 above:

Not Applicable

B. RESIDENTIAL REDEVELOPMENT OR REHABILITATION

(The Redeveloper is to furnish the following information, but only if land is to be redeveloped or rehabilitated in whole or in part for residential purposes.)

¹ If a corporation is required to file periodic reports with the Federal Securities and Exchange Commission under Section 13 of the Securities Exchange Act of 1934, so state under this Item 5. In such case, the information referred to in this Item 5 and in Items 6 and 7 is not required to be furnished.

1. State the Redeveloper's estimates, exclusive of payment for the land, for:

- a. Total cost of any residential redevelopment. \$ 232,933.00
- b. Cost per dwelling unit of any residential redevelopment. \$
- c. Total cost of any residential rehabilitation \$31,834/792sq.
- d. Cost per dwelling unit of any residential rehabilitation \$ 45,810/1122s

2. a. State the Redeveloper's estimate of the average monthly rental (if to be rented) or average sale price (if to be sold) for each type and size of dwelling unit involved in such redevelopment or rehabilitation:

TYPE AND SIZE OF DWELLING UNIT	ESTIMATED AVERAGE	ESTIMATED AVERAGE
	MONTHLY RENTAL	SALE PRICE
Three(3) -- Two Bedroom (792 square feet)	\$342.00	
One (1) --- Three Bedroom (1122 square feet)	\$430.00	

b. State the utilities and parking facilities, if any, included in the foregoing estimates of rentals:

Tenants will pay heat and utilities. On street parking available.

c. State equipment, such as refrigerators, washing machines, air conditioners, if any, included in the foregoing estimates of sales prices: Refrigerators will be provided to rentees.

CERTIFICATION

I (We) Maureen Finnerty Turner, C.O.P.E. Director
certify that this Redeveloper's Statement for Public Disclosure is true and correct to the best of my (our) knowledge and belief.²

Dated: 6/10/81

Dated: 6/10/81

Shirley E. Moore, Pres
Signature

Maureen Finnerty Turner
Signature

President
Title

Executive Director, C.O.P.E.
Title

51 Union Boston, Ma.
Address and ZIP Code

37 Clarendon St Boston, Mass
Address and ZIP Code

¹ If the Redeveloper is an individual, this statement should be signed by such individual; if a partnership, by one of the partners; if a corporation or other entity, by one of its chief officers having knowledge of the facts required by this statement.

² Penalty for False Certification: Section 1001, Title 18, of the U.S. Code, provides a fine of not more than \$10,000 or imprisonment of not more than five years, or both, for knowingly and willfully making or using any false writing or document, known to contain any false, fictitious or fraudulent statement or entry in a matter within the jurisdiction of any Department of the United States.

REDEVELOPER'S STATEMENT OF QUALIFICATIONS AND FINANCIAL RESPONSIBILITY

(For Confidential Official Use of the Local Public Agency and the Department of Housing and Urban Development. Do Not Transmit to HUD Unless Requested or Item 3b is Answered "Yes.")

1. a. Name of Redeveloper: C.O.P.E. Coping With the Overall Pregnancy Experience

b. Address and ZIP Code of Redeveloper: 37 Clarendon Street, Boston, MA 02116

2. The land on which the Redeveloper proposes to enter into a contract for, or understanding with respect to, the purchase or lease of land from

530 Tremont Street

(Name of Local Public Agency)

in

South End

(Name of Urban Renewal or Redevelopment Project Area)

in the City of Boston, State of Massachusetts,
is described as follows:

Six Story Brick Town House

3. Is the Redeveloper a subsidiary of or affiliated with any other corporation or corporations or any other firm or firms? ☐ YES ☒ NO

If Yes, list each such corporation or firm by name and address, specify its relationship to the Redeveloper, and identify the officers and directors or trustees common to the Redeveloper and such other corporation or firm.

4. a. The financial condition of the Redeveloper, as of December 31, 1980,
is as reflected in the attached financial statement.

(NOTE: Attach to this statement a certified financial statement showing the assets and the liabilities, including contingent liabilities, fully itemized in accordance with accepted accounting standards and based on a proper audit. If the date of the certified financial statement precedes the date of this submission by more than six months, also attach an interim balance sheet not more than 60 days old.)

b. Name and address of auditor or public accountant who performed the audit on which said financial statement is based: Audit currently in process by Joel Aronson, C.P.A.

Upon completion, will submit to BRA upon request.

5. If funds for the development of the land are to be obtained from sources other than the Redeveloper's own funds, a statement of the Redeveloper's plan for financing the acquisition and development of the land:

See attached C.O.P.E. Capitol Campaign Strategy.

6. Sources and amount of cash available to Redeveloper to meet equity requirements of the proposed undertaking:

a. In banks:

NAME, ADDRESS, AND ZIP CODE OF BANK

AMOUNT

First National Bank of Boston

\$

13,128.24

P.O. Box 2016

100 Federal Street

Boston, MA 02106

b. By loans from affiliated or associated corporations or firms:

NAME, ADDRESS, AND ZIP CODE OF SOURCE

AMOUNT

\$

NONE

See Attachment #2

c. By sale of readily salable assets:

DESCRIPTION

MARKET VALUE

\$

MORTGAGES OR LIENS

\$

NONE

7. Names and addresses of bank references:

First National Bank of Boston

8. a. Has the Redeveloper or (if any) the parent corporation, or any subsidiary or affiliated corporation of the Redeveloper or said parent corporation, or any of the Redeveloper's officers or principal members, shareholders or investors, or other interested parties (as listed in the responses to Items 5.5, and 7 of the Redeveloper's Statement for Public Disclosure and referred to herein as "principals of the Redeveloper") been adjudged bankrupt, either voluntary or involuntary, within the past 10 years? ☐ YES ☒ NO

If Yes, give date, place, and under what name.

- b. Has the Redeveloper or anyone referred to above as "principals of the Redeveloper" been indicted for or convicted of any felony within the past 10 years? ☐ YES ☒ NO

If Yes, give for each case (1) date, (2) charge, (3) place, (4) Court, and (5) action taken. Attach any explanation deemed necessary.

9. a. Undertakings, comparable to the proposed redevelopment work, which have been completed by the Redeveloper or any of the principals of the Redeveloper, including identification and brief description of each project and date of completion:

This will be redevelopers first building renovation. The Project manager will supervise the entire process.

To be selected.

- b. If the Redeveloper or any of the principals of the Redeveloper has ever been an employee, in a supervisory capacity, for construction contractor or builder on undertakings comparable to the proposed redevelopment work, name of such employee, name and address of employer, title of position, and brief description of work:

Not Applicable

10. Other federally aided urban renewal projects under Title I of the Housing Act of 1949, as amended, in which the Redeveloper or any of the principals of the Redeveloper is or has been the redeveloper, or a stockholder, officer, director or trustee, or partner of such a redeveloper:

Not Applicable

11. If the Redeveloper or a parent corporation, a subsidiary, an affiliate, or a principal of the Redeveloper is to participate in the development of the land as a construction contractor or builder:

Not Applicable

- a. Name and address of such contractor or builder:

Not Applicable

- b. Has such contractor or builder within the last 10 years ever failed to qualify as a responsible bidder, refused to enter into a contract after an award has been made, or failed to complete a construction or development contract?

☐ YES ☐ NO

If Yes, explain:

Not Selected at this point

Not Applicable

- c. Total amount of construction or development work performed by such contractor or builder during the last three years: \$ _____

General description of such work:

Not Applicable

- d. Construction contracts or developments now being performed by such contractor or builder:

IDENTIFICATION OF
CONTRACT OR DEVELOPMENT

LOCATION

AMOUNT

DATE TO BE
COMPLETED

Not Applicable, Not selected at this point

e. Outstanding construction-contract bids of such contractor or builder:

AWARDING AGENCY

AMOUNT

DATE OPENED

3

12. Brief statement respecting equipment, experience, financial capacity, and other resources available to such contractor or builder for the performance of the work involved in the redevelopment of the land, specifying particularly the qualifications of the personnel, the nature of the equipment, and the general experience of the contractor:

13. a. Does any member of the governing body of the Local Public Agency to which the accompanying bid or proposal is being made or any officer or employee of the Local Public Agency who exercises any functions or responsibilities in connection with the carrying out of the project under which the land covered by the Redeveloper's proposal is being made available, have any direct or indirect personal interest in the Redeveloper or in the redevelopment or rehabilitation of the property upon the basis of such proposal? ☐ YES ☒ NO

If Yes, explain:

b. Does any member of the governing body of the locality in which the Urban Renewal Area is situated or any other public official of the locality, who exercises any functions or responsibilities in the review or approval of the carrying out of the project under which the land covered by the Redeveloper's proposal is being made available, have any direct or indirect personal interest in the Redeveloper or in the redevelopment or rehabilitation of the property upon the basis of such proposal? ☐ YES ☒ NO

If Yes, explain:

14. Statements and other evidence of the Redeveloper's qualifications and financial responsibility (other than the financial statement referred to in item 4a) are attached hereto and hereby made a part hereof as follows:

1980 Foundation Support Tax-exempt letter 1980 990 IRS form
Clinic License CERTIFICATION

I (We) Maureen Finnerty Turner, Executive Director, C.O.P.E.

certify that this Redeveloper's Statement of Qualifications and Financial Responsibility and the attached evidence of the Redeveloper's qualifications and financial responsibility, including financial statements, are true and correct to the best of my (our) knowledge and belief.²

Dated: 6/10/81

Dated: 6/10/81

Shirley E. Grose, Pres.
Signature

Maureen Finnerty Turner
Signature

President C.O.P.E. Board of Directors
Title

Executive Director, C.O.P.E.
Title

51
Address and ZIP Code

37 Clarendon St. Boston, Mass 02116
Address and ZIP Code

1. If the Redeveloper is a corporation, this statement should be signed by the President and Secretary of the corporation; if an individual, by such individual; if a partnership, by one of the partners; if an entity not having a president and secretary, by one of its chief officers having knowledge of the financial status and qualifications of the Redeveloper.
2. Penalty for False Certification: Section 1001, Title 18, of the U.S. Code, provides a fine of not more than \$10,000 or imprisonment of not more than five years, or both, for knowingly and willfully making or using any false writing or document, knowing the same to contain any false, fictitious or fraudulent statement or entry in a matter within the jurisdiction of any Department

BOARD OF DIRECTORS

Maureen Turner
8 Ringgold Street
Bsston, MA 02118

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of Board

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93 Watson Road
Belmont, MA 02178

Secretary of Board

Sheila Grove
51 Union Park
Boston, MA 02116

President of Board

Deborah Beck
46 Waban Avenue
Waban, MA 02168

Vice President of Board

Beverly Miller
10 St. Charles St.
Boston, MA 02116

Treasurer of Board

Leila Joseph
263 North Avenue
Weston, MA 02193

Board Member

Attachment #2

C.O.P.E.

C.O.P.E. has a portion of our cash assets in a money market account.

F.D.I.T.

Fidelity Group

P.O. Box 2656

\$19,461.31

82 Devonshire Street

Boston, MA 02208

A FORMAL CAPITAL CAMPAIGN FOR C.O.P.E. BUILDING

A formal capital campaign for C.O.P.E.'s building will be established once a tentative designation of 530 Tremont St. is made to C.O.P.E.

Proposals and requests totalling \$35,000 have already been submitted and are pending at two foundations: the Godfrey Hyams Foundation (\$20,000) and the Theodore Edson Parker (\$15,000).

The Henry R. Kendall Foundation has sponsored two luncheons on C.O.P.E.'s behalf at the Bay Club in May to plan for establishing the C.O.P.E. capital campaign. In attendance were Mr. Henry Morgan, Dean of B.U. Management School, Ms. Jacqueline Kurzina, Funder from N.E. Aquarium, Ms. Jacqueline Low, Director of Public Relations at ITEK Corporation, and Mr. Newell Flather of Boston Safe Deposit Company. The major thrust of the campaign will be focussed on foundations for capital support with a capital campaign, and Solicitation Committees formed by the C.O.P.E. Board of Directors to address individual and corporate donors. (See attached Funding Formula for \$200,000 contributions developed by Deke Smith of Harvard University for C.O.P.E..)

Ms. Turner, Executive Director of C.O.P.E. attended the Fundraising School's 5 day Intensive Course held at Pine Manor College the week of June 1-6.

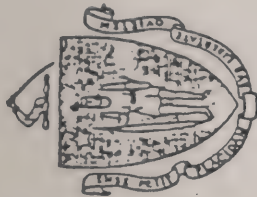
A June 19th presentation of C.O.P.E. is being held at the Women's City Club for prospective Board and Committee nominees. (See attached Capital Campaign organizational structure recommended by the Fundraising School, Inc.)

Once tentative designation is made this structure will be put into place to insure a successful capital campaign.

The goal will be to raise all \$232,000 needed for the total rehabilitation project so that the rental income can be invested to insure the continuance of the housing units at below market rentals for the moderate income family at no additional burden to C.O.P.E.

DEPARTMENT OF

PUBLIC HEALTH



BUREAU OF HOSPITAL FACILITIES

License to Maintain a Clinic

In accordance with the provisions of the General Laws, Chapter 111, Sections 51-56 inclusive, and regulations established thereunder, a license is hereby granted to

C.O.P.E. (Coping with the Overall Pregnancy Experience)

for the maintenance of

C.O.P.E. (Coping with the Overall Pregnancy Experience)

Name of Clinic

37 CLARENDON STREET, BOSTON

Address of Clinic

This license is valid for two years from date issued, subject to revocation for cause.

License No. 1988

Jonathan Fielding
Commissioner of Public Health
Jonathan E. Fielding, M.D.

December 12, 1978
Date Issued

Department of the Treasury

P.O. Box 9081

JFK Post Office

Boston, Mass. 02203

District Director

Internal Revenue Service

Date: -

In reply refer to:

April 26, 1976

EP:EO: R. CALLAHAN

TEL:(617) 223-4241

- Coping With The Overall Pregnancy Experience, Inc.
2 Hanson Street
Boston, Mass. 02118

Gentlemen:

This modifies our letter of October 1, 1973, in which we stated you would be treated for your first two tax years as an organization which is not a private foundation.

Based on additional information supplied, we have determined you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your status.

Sincerely yours,

H. B. Mosher

H.B. MOSHER

District Director

Return of Organization Exempt from Income Tax

Under section 501(c) (except black lung benefit trust or private foundation), 501(e) or (f) of the Internal Revenue Code

198

For the calendar year 1980, or fiscal year beginning

, 1980, and ending

, 19

Use IRS label. Otherwise, please print or type.	Name of organization Coping With The Overall Pregnancy Experience	A Employer identification number (see instructions) 23 731 2963
	Address (number and street) 37 Clarendon Street	B If exemption application is pending, check here
	City or town, State, and ZIP code Boston, MA 02116	C If address changed check here
	D Check applicable box—Exempt under section ☒ 501(c) (3) (insert number), ☐ 501(e) OR ☐ 501(f).	

E Is this a group return (see instruction I) filed for affiliates? ☐ Yes ☒ No
Is this a separate return filed by a group affiliate? ☐ Yes ☒ No
If "Yes" to either, give four-digit group exemption number (GEN) **▶**

F Check here if gross receipts are normally not more than \$10,000 and do not complete the rest of this return (see instruction B(11)).
G Check here if gross receipts are normally more than \$10,000 and line 12 is \$25,000 or less. Complete Parts I, II, IV, and VI and only the indicated items in Parts III and V (see instruction H). If line 12 is more than \$25,000, complete the entire return.

All section 501(c)(3) organizations must also complete Schedule A (Form 990) and attach it to this return.

Part I Analysis of Revenue, Expenses, and Fund Balances

			(A) Total	These columns are optional—see instructions	
				(B) Restricted/Nonexpendable	(C) Unrestricted/Expendable
1	Contributions, gifts, grants, and similar amounts received:				
(a)	Directly from the public	\$100,400.00			
(b)	Through professional fundraisers	0			
(c)	As allotments from fundraising organizations	0			
(d)	As government grants	0			
(e)	Other	0			
(f)	Total (add lines 1(a) through 1(e)) (attach schedule—see instructions)		\$100,400.00		
2	Membership dues and assessments		0		
3	Interest		0		
4	Dividends		0		
5	(a) Gross rents		0		
	(b) Minus: Rental expenses	0			
	(c) Net rental income (loss)				
6	Royalties		0		
7	(a) Gross amount received from sale of assets other than inventory		0		
	(b) Minus: Cost or other basis and sales expenses	0			
	(c) Net gain (loss) (attach schedule)				
8	Special fundraising events and activities (itemize):				
	Type of event	Receipts	Expenses		
	(a) Total receipts	0			
	(b) Total expenses		0		
	(c) Net income (line 8(a) minus line 8(b))				
9	(a) Gross sales minus returns and allowances		0		
	(b) Minus: Cost of goods sold (attach schedule)	0			
	(c) Gross profit (loss)				
10	Program service revenue (from Part II, line (f))		0		
11	Other revenue (from Part II, line (g))		\$34,416.10		
12	Total revenue (add lines 1(f), 2, 3, 4, 5(c), 6, 7(c), 8(c), 9(c), 10, and 11)		\$3,635.81		
	Fundraising (from line 40(B))		\$138,451.91		
	Program services (from line 40(C))		\$3282.81		
	Management and general (from line 40(D))		\$70,862.80		
16	Total expenses (from line 40(A))		\$51,451.51		
17	Excess (deficit) for the year (subtract line 16 from line 12)		\$125,597.12		
18	Fund balances or net worth at beginning of year (from line 65(A))		\$13,905.51		
19	Other changes in fund balances or net worth (attach explanation)		\$11,048.77		
20	Fund balances or net worth at end of year (add lines 17, 18, and 19)		\$24,954.28		

Part V - Balance Sheet

If line 12, Part I is \$25,000 or less, you should complete only lines 53 and 60 and, if you do not use fund accounting, line 64. If line 12 is more than \$25,000, complete the entire balance sheet.

Assets		(A) Beginning of tax year	(B) End of tax year
41 Cash:			
(a) Savings and interest-bearing accounts		0	0
(b) Other		\$5222.00	\$18,118.02
42 Accounts receivable:			
(a) Beginning receivables ▶ \$2,180.00 minus allowance for doubtful accounts ▶		\$2,180.00	
(b) Ending receivables ▶ \$102.19 minus allowance for doubtful accounts ▶			\$102.19
43 Notes receivable:			
(a) Beginning receivables ▶ minus allowance for doubtful accounts ▶		0	
(b) Ending receivables ▶ minus allowance for doubtful accounts ▶			0
(c) Loans to officers, directors, and trustees (attach schedule)		0	0
44 Inventories		0	0
45 Government obligations:			
(a) U.S. and instrumentalities		0	0
(b) State and its subdivisions		0	0
46 Investments in corporate bonds, etc. (attach schedule)		0	0
47 Investments in corporate stocks (attach schedule)		0	0
48 Mortgage loans (number of loans ▶)		0	0
49 Other investments (attach schedule)		0	0
50 Depreciable (depletable) assets (attach schedule):			
(a) Beginning assets ▶ \$6,856.52 minus accumulated depreciation ▶ \$314.63		\$6,541.89	
(b) Ending assets ▶ \$12,211.94 minus accumulated depreciation ▶ \$1,050.72			\$11,161.22
51 Land		0	0
52 Other assets (attach schedule)		\$1,035.50	\$805.21
Total assets		\$14,979.39	\$30,186.64
Liabilities			
54 Accounts payable		\$3,930.62	\$792.11
55 Contributions, gifts, grants, etc., payable		0	0
56 Bonds and notes payable (attach schedule)		0	0
57 Mortgages payable		0	0
58 Loans from officers, directors, and trustees (attach schedule)		0	0
59 Other liabilities (attach schedule)		0	0
60 Total liabilities		\$3,930.62	\$792.11
Fund Balances and Net Worth			
Complete this section of the balance sheet based on the accounting method you normally use. Please check either "Fund Accounting" or "All Others," and give the information requested under the box you checked.			
Fund Accounting	All Others		
Check here ▶ ☐	Check here ▶ ☐		
61 Current funds:			
(a) Unrestricted		\$10,069.02	\$29,314.78
(b) Restricted		0	0
62 Land, buildings, and equipment	Capital stock or trust principal	0	0
Endowment and similar funds	Paid-in or capital surplus	0	0
Other	Retained earnings or accumulated income	\$979.75	\$79.75
65 Total fund balances	Total net worth	\$11,048.77	\$29,394.53
66 Total liabilities and fund balances or net worth		\$14,979.39	\$30,186.64

Part VI Statements About Activities

		Yes	No
67	Describe each significant program service activity and indicate the total expenses paid or incurred in connection with each:		
(a)	Individual Counseling and Group Therapy		
(b)	Seminars, Inservice Training, Etc.		
(c)	Program to bring Parenting Classes to the Workplace		
(d)	Hot-Line		
68	Has the organization engaged in any activities not previously reported to the Internal Revenue Service?		X
If "Yes," attach a detailed description of the activities.			
69	Have any changes been made in the organizing or governing documents, but not reported to IRS?		X
If "Yes," attach a conformed copy of the changes.			
70 (a)	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .		X
(b)	If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? .		X
(c)	If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T.		
71	Was there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)?		X
If "Yes," attach a statement as described in the instructions.			
72	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (see instructions)?		X
If "Yes," enter the name of organization ▶ and check whether it is ☐ exempt OR ☐ nonexempt.			
73 (a)	Enter any political expenditures, direct or indirect, as described in the instructions		
(b)	Did you file Form 1120-POL, U.S. Income Tax Return of Certain Political Organizations, for this year?		X
74	Did your organization receive donated services or the use of facilities or equipment at no charge or at substantially less than fair rental value?		X
If "Yes," you may, if you choose, indicate the value of these items here. Do not include this amount elsewhere on this return ▶			
The following statements should be completed ONLY for the organizations indicated.			
75	Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in an attempt to influence public opinion about legislative matters or referendums (see instructions and Regulations section 1.162-20(c))?		
If "Yes," enter the total amount spent for this purpose			
76	Section 501(c)(7) organizations.—Enter amount of:		
(a)	Initiation fees and capital contributions included on line 12		
(b)	Gross receipts, included in line 12, for public use of club facilities (see instructions)		
(c)	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion?		
77	Section 501(c)(12) organizations.—Enter amount of:		
(a)	Gross income received from members or shareholders		
(b)	Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)		
78	Public interest law firms.—Attach information described in instructions.		
79	The books are in care of ▶ Telephone No. ▶		
Located at ▶			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer Maureen Finnerty Turner	Date 6/9/81
Preparer's Use Only	Preparer's signature and date	Title Director, C.O.P.E.
	Firm's name (or yours, if self-employed) and address	Check if self-employed ☐ ZIP code

Organization Exempt Under 501(c)(3)

(Except Private Foundation) Supplementary Information

▶ Attach to Form 990.

1980

Name
Coping With The Overall Pregnancy Experience

Employer identification number
23 7312963

Part I Compensation of Five Highest Paid Employees
(Other than Officers, Directors, and Trustees—see specific instructions)

Name and address of employees paid more than \$30,000	Title and time devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
NONE				
Total number of other employees paid over \$30,000 ▶				

Part II Compensation of Five Highest Paid Persons for Professional Services
(See specific instructions)

Name and address of persons paid more than \$30,000	Type of service	Compensation
NONE		
Total number of others receiving over \$30,000 for professional services ▶ 0		

Part III Statements About Activities

	Yes	No
1 During the year have you attempted to influence national, State or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?		X
If "Yes," enter the total of the expenses paid or incurred in connection with the legislative activities \$.....		
Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		
2 During the year have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of your organization, or any organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary:		
(a) Sale, exchange, or leasing of property?		X
(b) Lending of money or other extension of credit?		X
(c) Furnishing of goods, services, or facilities?		X
(d) Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
(e) Transfer of any part of your income or assets?		X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
* 3 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your exempt programs qualify to receive payments. (See specific instructions.)		
4 Do you make grants for scholarships, fellowships, student loans, etc.?		X

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

(Except Private Foundation) Supplementary Information

▶ Attach to Form 990.

1980

Name
Coping With The Overall Pregnancy Experience

Employer identification number

23 7312963

Part I Compensation of Five Highest Paid Employees
(Other than Officers, Directors, and Trustees—see specific instructions)

Name and address of employees paid more than \$30,000	Title and time devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
NONE				
Total number of other employees paid over \$30,000 ▶				

Part II Compensation of Five Highest Paid Persons for Professional Services
(See specific instructions)

Name and address of persons paid more than \$30,000	Type of service	Compensation
NONE		
Total number of others receiving over \$30,000 for professional services ▶		0

Part III Statements About Activities

	Yes	No
1 During the year have you attempted to influence national, State or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?		X
If "Yes," enter the total of the expenses paid or incurred in connection with the legislative activities \$		
Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		
2 During the year have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of your organization, or any organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary:		
(a) Sale, exchange, or leasing of property?		X
(b) Lending of money or other extension of credit?		X
(c) Furnishing of goods, services, or facilities?		X
(d) Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
(e) Transfer of any part of your income or assets?		X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
* 3 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your exempt programs qualify to receive payments. (See specific instructions.)		
4 Do you make grants for scholarships, fellowships, student loans, etc.?		X

Part IV Reason for Non-Private Foundation Status (See instructions for definitions)

The organization is not a private foundation because it is (check applicable box; please check only ONE box):

- 1 ☐ A church. Section 170(b)(1)(A)(i).
- 2 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 3 ☐ A hospital. Section 170(b)(1)(A)(iii).
- 4 ☐ A governmental unit. Section 170(b)(1)(A)(v).
- 5 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name and address of hospital
- 6 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 8 ☒ An organization that normally receives: (a) no more than $\frac{1}{3}$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than $\frac{1}{3}$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions. Section 509(a)(2). (Use cash receipts and disbursements method of accounting; also complete Support Schedule.)
- 9 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 1 through 8 above or (2) sections 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). Section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 9.)

(a) Name of supported organizations	(b) Box number from above
NONE	

(c) Relationship of supported organizations to your organization:

- (1) Check here ☐ if the supported organizations appoint a majority of your governing board.
- (2) Check here ☐ if a majority of your governing board belong to governing boards of the supported organizations.
- (3) Check here ☐ if (1) or (2) above does not apply. (See Regulations 1.509(a)-4.)

(d) If applicable, enter the number of supported organizations exempt under:

(1) Section 501(c)(4)	N/A	
(2) Section 501(c)(5)	N/A	
(3) Section 501(c)(6)	N/A	

(e) Check here ☐ if your organization's main function is to provide funds to the supported organizations.

N/A

- 10
- ☐
- An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 6, 7, or 8 above)

Calendar year (or fiscal year beginning in) 	(a) 1979	(b) 1978	(c) 1977	(d) 1976	(e) Total
11 Gifts, grants, and contributions received. (Do not include unusual grants. See line 24 below.)	\$37,222.00	\$20,570.00	\$27,735.10	\$16,552.40	\$102,079.50
12 Membership fees received	\$ 115.00	\$19,042.64	\$13,383.47	\$14,503.13	\$47,044.24
13 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's exempt purpose	\$29,544.05	\$ 3,553.60			\$33,097.65
14 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0
15 Net income from unrelated business activities not included in line 14	0	0	0	0	0

Part IV Reason for Non-Private Foundation Status (See instructions for definitions)

The organization is not a private foundation because it is (check applicable box; please check only ONE box):

- 1 ☐ A church. Section 170(b)(1)(A)(i).
- 2 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 3 ☐ A hospital. Section 170(b)(1)(A)(iii).
- 4 ☐ A governmental unit. Section 170(b)(1)(A)(v).
- 5 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name and address of hospital ►
- 6 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 8 ☒ An organization that normally receives: (a) no more than $\frac{1}{3}$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than $\frac{1}{3}$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions. Section 509(a)(2). (Use cash receipts and disbursements method of accounting; also complete Support Schedule.)
- 9 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 1 through 8 above or (2) sections 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). Section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 9.)

(a) Name of supported organizations	(b) Box number from above
NONE	

(c) Relationship of supported organizations to your organization:

- (1) Check here ☐ if the supported organizations appoint a majority of your governing board.
- (2) Check here ☐ if a majority of your governing board belong to governing boards of the supported organizations.
- (3) Check here ☐ if (1) or (2) above does not apply. (See Regulations 1.509(a)-4.)

(d) If applicable, enter the number of supported organizations exempt under:

- (1) Section 501(c)(4) . N/A
- (2) Section 501(c)(5) . N/A
- (3) Section 501(c)(6) . N/A

(e) Check here ☐ if your organization's main function is to provide funds to the supported organizations.

N/A

- 10
- ☐
- An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 6, 7, or 8 above)

Calendar year (or fiscal year beginning in) ►	(a) 1979	(b) 1978	(c) 1977	(d) 1976	(e) Total
11 Gifts, grants, and contributions received. (Do not include unusual grants. See line 24 below.) . . .	\$37,222.00	\$20,570.00	\$27,735.10	\$16,552.40	\$102,079.50
12 Membership fees received . . .	\$ 115.00	\$19,042.64	\$13,383.47	\$14,503.13	\$47,044.24
13 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's exempt purpose	\$29,544.05	\$ 3,553.60			\$33,097.65
14 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0
15 Net income from unrelated business activities not included in line 14 . . .	0	0	0	0	0

Part IV Support Schedule (continued) (Complete only if you checked box 6, 7, or 8 on page 2)

Calendar year (or fiscal year beginning in) ►	(a) 1979	(b) 1978	(c) 1977	(d) 1976	(e) Total
16 Tax revenues levied for your benefit and either paid to you or expended on your behalf	0	0	0	0	0
The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
18 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets	\$4,000.00	0	0	0	\$4000.00
19 Total of lines 11 through 18	\$70,881.05	\$43,166.24	\$41,118.57	\$31,055.53	\$186,221.39
20 Line 19 minus line 13	\$41,169.50	\$39,612.64	\$41,118.57	\$31,055.53	\$149,123.74
21 Enter 1% of line 19	\$411.70	\$396.13	\$411.18	\$310.55	
22 Organizations described in box 6 or 7, page 2:					
(a) Enter 2% of amount in column (e), line 20					N/A
(b) Attach a list showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1976 through 1979 exceeded the amount shown in 22(a). Enter the sum of all excess amounts here					N/A
23 Organizations described in box 8, page 2:					
(a) Attach a list, for amounts shown on lines 11, 12, and 13, showing the name of, and total amounts received in each year from each "disqualified person," and enter the sum of such amounts for each year:					
(1979) 0 (1978) 0 (1977) 0 (1976) 0					
(b) Attach a list showing, for 1976 through 1979, the name and amount included in line 13 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of: the amount on line 21 for the year or \$5,000. Include organizations described in boxes 1 through 7 as well as individuals. Enter the sum of these excess amounts for each year:					
(1979) 0 (1978) 0 (1977) 0 (1976) 0					
24 For an organization described in boxes 6, 7, or 8, page 2, that received any unusual grants during 1976 through 1979, attach a list for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 11 above. (See specific instructions.)					

Part V Private School Questionnaire

To Be Completed ONLY by Schools that Checked Box 2 in Part IV Does not apply

	Yes	No
1 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
2 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
3 Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
Do you maintain the following:		
(a) Records indicating the racial composition of the student body, faculty, and administrative staff?		
(b) Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? (See instructions.)		
(c) Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
(d) Copies of all material used by you or on your behalf to solicit contributions?		
If you answered "No," to any of the above, please explain. (If you need more space, attach a separate statement.)		

Part V Private School Questionnaire
To Be Completed ONLY by Schools that Checked Box 2 in Part IV (Continued) Does not apply

	Yes	No
5 Do you discriminate by race in any way with respect to:		
(a) Students' rights or privileges?		
(b) Admissions policies?		
(c) Employment of faculty or administrative staff?		
(d) Scholarships or other financial assistance (see instructions)?		
(e) Educational policies?		
(f) Use of facilities?		
(g) Athletic programs?		
(h) Other extra-curricular activities?		
If you answered "Yes," to any of the above, please explain. (If you need more space, attach a separate statement.)		
6 (a) Do you receive any financial aid or assistance from a governmental agency?		
(b) Has your right to such aid ever been revoked or suspended?		
If you answered "Yes," to either 6(a) or (b), please explain. (If you need more space, attach a separate statement.)		
7 Do you certify that you have complied with the applicable requirements of section 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation (see instructions for Part V).		

Part VI Lobbying Expenditures By Public Charities (See instructions) (To be completed ONLY by an eligible organization that filed Form 5768.) N/A

Check here ▶ (a) ☐ If the organization belongs to an affiliated group (see instructions).	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
Check here ▶ (b) ☐ If you checked (a) and "limited control" provisions apply (see instructions).		
Limits on Lobbying Expenses Does not apply		
1 Total (grassroots) lobbying expenses to influence public opinion		
2 Total lobbying expenses to influence legislative body		
3 Total lobbying expenses (add lines 1 and 2)		
4 Other exempt purpose expenses (see Part VI instructions)		
5 Total exempt purpose expenses (add lines 3 and 4) (see instructions)		
6 Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table— If the amount on line 5 is—		
Not over \$500,000 20% of the amount on line 5		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000		
7 Grassroots nontaxable amount (enter 25% of line 6)		
(Complete lines 8 and 9. File Form 4720 if either line 1 exceeds line 7 or line 3 exceeds line 6.)		
8 Excess of line 1 over line 7		
9 Excess of line 3 over line 6		

4-Year Averaging Period Under Section 501(h). (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 10-15 for details.)

(Line references below are to column (b) of Part VI, Schedule A (Form 990) for the respective tax year)	Lobbying Expenses During 4-Year Averaging Period				
	N/A				
Calendar year (or fiscal year beginning in) ▶	(a) 1980	(b) 1979	(c) 1978	(d) 1977	(e) Total
10 Lobbying nontaxable amount (line 6)					
11 Lobbying ceiling amount (150% of line 10)					
12 Total lobbying expenses (line 3)					
13 Grassroots nontaxable amount (line 7)					
14 Grassroots ceiling amount (150% of line 13)					
15 Grassroots lobbying expenses (line 1)					

attachment #1

Page 1 part I line f.

List of donors of \$5,000.00 or more.

Theodore Edson Parker Foundation Mr. Newwll Flather, President 100 Franklin St. 9th floor Boston MA 02108	1/2/80	\$ 5,000
The Henry P Kendall Foundation One Boston Place Boston MA 02108	1/16/80	\$10,000.00
Mass. Maternity and Foundling Hospital Corporation Mr. John H. Forte, President 311 Summer St. Boston MA 02210	4/7/80	\$5,000.00
Rockefeller Family Fund 1290 Avenue of the Americas New York, N Y 10019	7/11/80	\$40,000.00
The Blanchard Foundation c/o Boston Safe Deposit and Trust Co. One Boston Place Boston, MA 02108	9/29/80	\$5000.00
Commitee for the Permanent Charities One Boston Place Boston MA 02108	12/12/80	\$20,000.00

Attachment #2

990 1980 Page 2 Part III line 37 "other"

Other TOTAL : 1542.26

(Breakdown)

	<u>Total</u>	<u>Fundraising</u>	<u>Program</u>	<u>Management</u>
Answering Service	138.00	0	74.00	64.00
Liability Insurance	97.00	0	97.00	0
Child Care Costs	488.37	0	244.37	244.00
PR and Advertising	818.89	0	409.44	409.45
Totals	1542.26	0	824.81	717.45

* Part III line 23: Our director, who is salaried, includes fundraising among her many duties; so there is no definite figure for how much money we spend on fundraising.

** Part III line 27: Payroll taxes (State and Federal Withholding taxes) shown here in parentheses are included in gross wage figures. Shown in lines 23 & 24, and therefore are not added into the total on line 38.

- Attachments: 990 schedule A page 1

C.O.P.E. will not turn away clients (for counseling or therapy groups) due to lack of money. Therefore, we will pay our counselors a minimum fee to see indigent clients. Individuals receiving free or subsidised counseling are chosen by their income and number of people supported by it.

Schedule A: part IV, page 3, \$4000.00

The \$4000.00 is from the American Institute for Research, this is H.E.W. revenue.

Some of our Board Members work for C.O.P.E. as employees, counselors, or consultants. They are paid for the specific job they perform. No member of the Board is paid for being on the Board. The figures reflect this

<u>NAME & ADDRESS</u>	<u>TITLE & TIME SPENT</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCOUNT & ALLOWANCES</u>
Maureen Turner 8 Ringgold Street Boston, MA 02118	Director of Clinic 35 hrs/wk Individual Counselor 5-10 hrs/wk President Emeritus of Board	\$14,032.00 \$ 4,233.45 0	\$315.00	0
Isabel Freeman 93 Watson Road Belmont, MA 02178	Associate Director of Clinic 1/2 time Group Therapist 1/8 time Secretary of Board	\$ 4050.00 \$ 325.99 0	0	0
Shella Grove, 51 Union Park Boston, MA 02116	Attorney for C.O.P.E. President of Board	\$ 1200.00 0	0	0
Deborah Beck 46 Waban Avenue Waban, MA 02168	Individual Counselor Vice President of Board	\$ 1375.00 0	0	0
Beverly Miller 10 St. Charles St. Boston, MA 02116	Treasurer of the Board	0	0	0
Letitia Joseph 263 North Ave. Weston, MA 02193	Therapy Group Leader Board Member	\$ 421.00 0	0	0

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[illegible]

DEPRECIATION

3			4		5		6		7		8		9		10	
ITEM	DATE		LEASEHOLD		IMPROVEMENTS		USEFUL	ANNUAL	MO.							
	ACQR	QUANT.	EST. MKT.	VALUE	TOT. MKT	VALUE				DEPREC	DEPREC.					
RENOVATIONS	7/71	--	--		3,401.52	20		17008	1417							
ADJUSTMENT	7/80	-	--		(502.19)	20		(25.11)	(209)							
TOTAL	7/80				2899.33			14497	1208							
RENOVATIONS	7/80			2179.13	2179.13	20		108.96	9.08							
"	7/80			156.33	156.33	20		7.82	6.5							
"	7/80			200.00	200.00	20		10.00	8.3							
	SUB								22.64							
	7/80			1165.00	1165.00	20		8.20	6.8							
	SUB								23.32							
Renovations	5/50			2445	2445	20		122	10							
	SUB								23.42							
Renovations	6/50			5700	5700	20		285	24							
"	"			5000	5000	20		250	21							
"	"			2100	2100	20		105	8.9							
	Sub								23.96							
Renovations	7/80			10687	10687	20		534	45							
	Sub								1244							

COPE 23-7312963

Item	Date Acquir	Quantity	Fixtures/Contd		Useful Life	Ann. Dep	Mo. Dep
			Est. Mkt. Val	Tot. Mkt. Val			
Zerox	9/80	1	449.50	449.50	10	44.50	
	Sub						

MEMORANDUM

JUNE 25, 1981

4084

TO: BOSTON REDEVELOPMENT AUTHORITY

FROM: ROBERT J. RYAN, DIRECTOR

SUBJECT: SOUTH END PROJECT, MASS. R-56, TENTATIVE DESIGNATION OF REDEVELOPER, REUSE PARCELS SE-54 AND RC-13

SUMMARY: This memorandum requests that the Authority tentatively designate COPE, Inc. as redeveloper for 530 Tremont Street providing four residential units and administrative office space in the South End Urban Renewal Project

This parcel is one of those involved in a BRA advertisement soliciting below market home ownership opportunities in the South End.

The proposed redeveloper is a pro-family South End based social service agency which provides parenting counselling to encourage family life. In addition to seeking permanent administrative and counselling space, COPE will provide three below-market, two-bedroom apartments on the upper floors and one three-bedroom rental apartment which may be combined with their administrative space at a later date. The building is ideally suited to their purposes because of excellent grade level access, an important feature for expectant mothers and mothers with infants.

COPE is about to undertake a major capital fund raising drive to pay for the estimated \$209,000 rehabilitation. Tentative designation will enable COPE to make formal application to several foundations which have expressed a strong interest in funding this development. Among the more promising foundations are the Kresge Foundation, the Godfrey M. Hyams Trust and Thomas Edson Parker Fund.

By owning the building outright, COPE will be able to write down the rental costs of these units so that they will be eminently affordable by low or moderate income South End families. These rentals will require no public subsidy. The Land Disposition Agreement will insure that these units remain available for qualified South End families in the future.

Because COPE has demonstrated in its proposal the willingness to meet Authority criteria for providing moderately priced family rental units and because they have provided evidence that they possess the desire, commitment, financial promise, and ingenuity to accomplish this purpose, it is recommended that COPE, Inc. be tentatively designated as redeveloper for Reuse Parcels SE-54 and RC-13 in the South End Urban Renewal Area.

An appropriate Resolution is attached.

